

CORPORATION NAME

NUMBER AND STREET

CITY OR TOWN, STATE, ZIP CODE

MO/MS I.D. NUMBER CHARTER NUMBER FEDERAL I.D. NUMBER

Check Applicable Boxes

Amended Return Address Change Final Corporate Income Tax Return Bankruptcy Name Change

MAIL TO:

Balance Due

Missouri Department of Revenue
P.O. Box 3365
Jefferson City, MO 65105-3365

MAIL TO:

Refund or No Amount Due

Missouri Department of Revenue
P.O. Box 700
Jefferson City, MO 65105-0700



FORM MO-1120S

Missouri S Corporation
INCOME TAX
Return for 2004

Beginning _____, 20____
Ending _____, 20____

Missouri S Corporation
FRANCHISE TAX
Return for 2005

Beginning _____, 20____
Ending _____, 20____

Balance Sheet Date (MMDDYY)

- ☐ B. Return filed for BOTH (income and franchise)
☐ C. Return filed for INCOME tax only
☐ D. Return filed for FRANCHISE tax only

☐ A. Check this box and sign below if your assets in Missouri (Schedule MO-FT, Line 6a), or apportioned to Missouri (Schedule MO-FT, Line 6b) do not exceed \$1,000,000. You do not owe franchise tax. If your assets do exceed the \$1,000,000 threshold, you must complete and attach Schedule MO-FT and enter the franchise tax due on the Form MO-1120S, Line 15 below.

- S CORP. 1. Does the S corporation have ANY Missouri modifications? ☐ YES ☐ NO If YES, complete Lines 1-14 below and page 2.
2. Does the S corporation have ANY nonresident shareholders? ☐ YES ☐ NO If YES, complete Lines 1-14 below and Schedule MO-NRS.
3. Does S corporation have income derived from sources other than Missouri? ☐ YES ☐ NO If YES, complete and attach Schedule MO-MSS.

MISSOURI S CORPORATION ADJUSTMENT

Additions (attach detailed explanation of each item)

1a. State and local income taxes deducted on Federal Form 1120S	1a	00		
1b. Less: Kansas City & St. Louis earnings taxes. Enter Lines 1a less 1b on Line 1.	1b	00	1	00
2a. State and local bond interest (except Missouri)	2a	00		
2b. Less: related expenses (omit if less than \$500) Enter Line 2a less Line 2b on Line 2	2b	00	2	00
3. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (list _____)			3	00
4. Missouri depreciation basis adjustment (Section 143.121.2(c) RSMo)			4	00
5. Total of Lines 1 through 4			5	00

Subtractions (attach detailed explanation of each item)

6a. Interest from exempt federal obligations	6a	00		
6b. Less: related expenses (omit if < \$500) Enter Line 6a less Line 6b on Line 6	6b	00	6	00
7. Amount of any state income tax refund included in federal ordinary income			7	00
8. Federally taxable — Missouri exempt obligations			8	00
9. <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Other adjustments (list _____)			9	00
10. Missouri depreciation basis adjustment (Section 143.121.3(g) RSMo)			10	00
11. Depreciation recovery on qualified property that is sold (Section 143.121.3 (h) RSMo)			11	00
12. Total of Lines 6 through 11			12	00
13. Missouri S corporation adjustment — NET ADDITION — excess Line 5 over Line 12			13	00
14. Missouri S corporation adjustment — NET SUBTRACTION — excess Line 12 over Line 5			14	00

FRANCHISE TAX

15. Corporation Franchise Tax (Complete Schedule MO-FT and attach balance sheet)	15	00
16. Tax credits — (attach Form MO-TC)	16	00
17. Approved overpayments applied from last file period	17	00
18. Payments with Form MO-7004	18	00
19. AMENDED RETURN ONLY: Tax paid with (or after) the filing of the original return	19	00
20. Subtotal — add Lines 16 through 19	20	00
21. AMENDED RETURN ONLY: Overpayment, if any, as shown on original return or as later adjusted	21	00
22. Total — Line 20 less Line 21	22	00

REFUND / TAX DUE

23. If Line 22 is greater than Line 15, enter OVERPAYMENT here	23	00
24. Overpayment to be applied to next filing period	24	00
25. Overpayment to be refunded — Line 23 less Line 24	25	00
26. If Line 22 is less than Line 15 enter UNDERPAYMENT here	26	00
27. Enter total amount on Line 27 Interest \$ _____ Penalty \$ _____	27	00
28. TOTAL DUE — add Lines 26 and 27 (U.S. funds only)	28	00

SIGNATURE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any corporation which files a frivolous return.

SIGNATURE OF OFFICER (REQUIRED) TITLE OF OFFICER PHONE NUMBER DATE SIGNED

PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER) PREPARER'S FEIN, SSN, OR PTIN PHONE NUMBER DATE SIGNED

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his/her firm, or if internally prepared, any member of the internal staff. ☐ YES ☐ NO

DOR ONLY ☐ S ☐ E ☐ B

ALLOCATION OF MISSOURI S CORPORATION ADJUSTMENT TO SHAREHOLDERS

CORPORATION NAME		MITS/MO I.D. NUMBER		CHARTER NUMBER		FEIN NUMBER	
1. NAME OF EACH SHAREHOLDER. ALL SHAREHOLDERS MUST BE LISTED. USE ATTACHMENT IF NECESSARY.		2. CHECK BOX IF SHAREHOLDER IS NONRESIDENT	3. SOCIAL SECURITY NUMBER		4. SHAREHOLDER'S SHARE %	5. SHAREHOLDER'S CORPORATION ADJUSTMENT <input type="checkbox"/> ADDITION <input type="checkbox"/> SUBTRACTION	
a)		<input type="checkbox"/>			%		00
b)		<input type="checkbox"/>			%		00
c)		<input type="checkbox"/>			%		00
d)		<input type="checkbox"/>			%		00
e)		<input type="checkbox"/>			%		00
f)		<input type="checkbox"/>			%		00
g)		<input type="checkbox"/>			%		00
h)		<input type="checkbox"/>			%		00
i)		<input type="checkbox"/>			%		00
j)		<input type="checkbox"/>			%		00
k)		<input type="checkbox"/>			%		00
l)		<input type="checkbox"/>			%		00
m)		<input type="checkbox"/>			%		00
n)		<input type="checkbox"/>			%		00
o)		<input type="checkbox"/>			%		00
p)		<input type="checkbox"/>			%		00
q)		<input type="checkbox"/>			%		00
r)		<input type="checkbox"/>			%		00
s)		<input type="checkbox"/>			%		00
t)		<input type="checkbox"/>			%		00
u)		<input type="checkbox"/>			%		00
v)		<input type="checkbox"/>			%		00
w)		<input type="checkbox"/>			%		00
x)		<input type="checkbox"/>			%		00
TOTAL					100 %		00

COLUMN 4 — Enter percentages from Federal Schedule K-1(s). Round percentages to whole numbers.

COLUMN 5 — Enter Missouri S corporation adjustment from Form MO-1120S, Line 13 or 14, as total of Column 5. Multiply each percentage in Column 4 by the total in Column 5. Indicate at the top of Column 5 whether the adjustments are additions or subtractions. The amount after each shareholder's name in Column 5 must be reported as a modification by the shareholder on his/her Form MO-1040, Individual Income Tax Return either as an addition to, or subtraction from, federal adjusted gross income.